

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/508054

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			Canceled			
3						
4						
5			Canceled			
6						
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17		11		1		
18		11		1		
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32						
33						
34		1		1		
35		11		1		
36		11		1		
37				1		
38				1		
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48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		↓	13	↓		↓
TOTAL CLAIMS			18			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631